

Recommended Childhood Screening and Immunization Schedule									
	WC*	HEP B	DTaP	HIB	IPV	MMR	Varicella	PVC	TD
Birth	✓	✓							
1 month	✓	✓							
2 months	✓		✓	✓	✓			✓	
4 months	✓		✓	✓	✓			✓	
6 months	✓	✓	✓	✓	✓			✓	
9 months	✓								
12 months	✓			✓		✓	✓	✓	
15 months	✓		✓						
18 months	✓								
2 years	✓								
3 years	✓								
4 years	✓		✓		✓	✓			
5 years	✓								
6 years	✓								
8 years	✓								
10 years	✓								
12 years	✓	**				***	****		*****
14 years	✓	**				***	****		*****
16 years	✓	**				***	****		*****
18 years	✓	**				***	****		*****
20 years	✓	**				***	****		*****

* Well Child Check Up

** Catch up if haven't had three since birth

*** Catch up if haven't had second MMR

**** Need one or two vaccines based on age

***** If it has been 5 years since last DTaP